

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE BOXING & RACING 500 JAMES ROBERTSON PARKWAY, 2ND FLOOR, DAVY CROCKETT TOWER NASHVILLE, TENNESSEE 37243-1157

PHONE: 615-741-1741 FAX: 615-253-1179

www.state.tn.us/commerce/boards/boxing

APPLICATION

FOR LICENSE TO OPERATE OR CONDUCT ANY MOTOR VEHICLE RACE TRACK OR DRAG STRIP ON ANY PERMANENT TRACK

	IN BOXING & RACING	\$100.00 fee
To The:	500 James Robertson Parkway	
	2nd Floor, Davy Crockett Tower	Date:
	Nashville, TN 37243-1157	
be licensed to	undersigned applicant submits the following state to operate or conduct Motor Vehicle Race Tra Code Annotated Section 55-22-101 et. seq.	·
	(PLEASE PRINT OR TY	PE)
1. Full name	of race track or drag strip	
2. Phone Nur	mber of Racetrack:	
Phone numb	er of Owner:	
Name and A	ddress of Individual to mail license/corresponder	nce to:
3. Give comp	lete address and geographical location	

5 Chartered under laws of the State of	On
5. Chartered under laws of the State of	Date
6. List below the names and addresses of partners, if a peorporation. Fitle (as "Partner" President", "Director") NAME ADDRESS a.	
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7. Give name and address of Manager or Operator	
State whether operation is a race track or drag strip a. Please attach schedule of activities:	
9. The applicant shall carry insurance to protect the gene shall be countersigned by a Tennessee Resident Agent. name of insurance company and countersigning agent. A	State below the amount of insurance,

A certificate of insurance shall be filed with the **Department of Insurance** by the carrier in the form designated by the Department.

- 10. In consideration of the approval of this application, the applicant hereby expressly agrees as follows:
 - a. That the license to operate a race track or drag strip may be revoked or suspended for good cause shown by the Director Regulatory Board in accordance with Chapter 534 of the Public Acts of 1968.

b. If for any reason the insurance policy is canceled or amended, so as to restrict coverage or limits, notice must be given as required by the provisions of the certificate of Insurance.

	Sign	ed	
	J	ed Name of Applicant	
	By _		
		Official Position	
	AFFIDAVI		
STATE OF	bscribing to the affidavit below ant himself; or if the applicant be one of the partners; or if the app t's President, Vice President, an	e a olicant be a	
	or Treasurer.	, ,first being sworn on oath, de	poses
and statements set forth in the foregone knows the contents thereof and that true to the best of his knowledge, info	said representatio ormation and belie	ns and statements therein contact	ained are
(Affiant's Si	gnature)	(Official Po	sition)
Subscribed and sworn to before me		, Tennessee, this , A.D. 20	
Not	tary Public		
	,		
My Commission expires 20			